

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2523-62-018881  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED MAY 31 1962

VS 300  
Rev. 4/59

1

02193

3

4 0

5 1

6

7 0

8 2

94200

10

11

1277-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

18 Mo.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Jackson County Hospital

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cass

c. CITY OR TOWN

Pleasant Hill

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

500 Locust

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

JOHN ROBERT BIRDSONG

4. DATE OF DEATH

Month

Day

Year

5

5

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-6-1884

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

## 10b. KIND OF BUSINESS OR INDUSTRY

General Labor

## 11. BIRTHPLACE (City and state or country)

Pinby Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Dan Birdsong

## 13b. MOTHER'S MAIDEN NAME

Marguerite Rider

## 14. NAME OF HUSBAND OR WIFE

Susie Birdsong

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown)

No.

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Susie Birdsong Pleasant Hill Mo

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

## INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour . Month, Day, Year

a.m. p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

☐

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

5-1-60

to

5-5-62

and last saw him alive on

5-3-62

## Death occurred at

10:40 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

J. P. McCalla, M.D.

(Degree title)

## 22b. ADDRESS

Jackson Co Hospital Kansas City Mo.

## 22c. DATE SIGNED

5-5-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5-10-62

## 23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill

## 23d. LOCATION (City, town, or county)

Pleasant Hill Missouri

## (State)

## 24. FUNERAL DIRECTOR

Wallace Funeral Home

## ADDRESS

Pleasant Hill Mo

## 25. DATE RECD. BY LOCAL REG.

5-9-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

P. Mc Calla

J. P. McCalla, M.D.

Wallace Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James C. Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.